#### CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. FOR OFFICIAL USE ONLY 3. This Statement covers From: Committee I.D. Number 07/21/2008 150428-0 08/25/2008 Day Year 4. Candidate Last Name Day Year 2. Committee Name First Name **ASBURY** THE COMMITTEE TO KEEP KURT ASB-URY PROSECUTOR M.I. KURT 4a. Office Sought Including District # or Community Served (If applicable) PROSECUTOR 4b. County of Residence 5. Committee's Mailing Address BAY Driver License # (Optional) P O BOX 775 6. Treasurer's Name & Residential Address STEWART REID BAY CITY 2196 OLD HICKORY DR Area Code and Phone MI 48707 (989) 922-6447 BAY CITY If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. Area code & Phone Driver License # (Optional) 7. Treasurer's Business Address 8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Area Code and Phone Area Code and Phone g TYPE OF STATEMENT Driver License # (Optional) 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (\_\_\_\_\_ Coverage Year) Pre-Election or Post-Election Statement relates to: 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, Primary 9c or 9e to indicate which Statement is being amended) ☐ General Convention 9e. Dissolution of Candidate Committee ☐ School Special Effective Date of Dissolution Caucus Date of Election, Convention or Caucus Mon By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary <u>08/05/2008</u> Month A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information was shown on the committee's Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver threshold. On or before the filing deadline of a required campaign statement, that campaign statement can not be waived. 10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. Current Head Court Resignated Recordkeeper STEWART REID Type or Print Name 2 Reid Candidate KURT ASBURY 09/03/2008 Type or Print Name Мо Day Signature Authority granted under P.A. 388 of 1976 Date CFR Rev 7/1999 09/03/2008 Мо Day

1. Committee I.D. Number \_\_\_\_150428-0

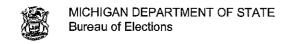
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSEC UTOR

### SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I		Column II
3. Contributions		This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	7775.62	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	0.00	
c. Subtotal of "Contributions"	(3c.) \$	7775.62	(18.) \$35485.62
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	7775.62	(20.) \$35485.62
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	0.00	(21.) \$1601.53
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	0.00	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	15096.65	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	15.62	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	15112.27	(23.) \$34801.74
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	0.00	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	0.00	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	7000.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0.00	
	BALANC	E STATEMENT	
13. Ending Balance of last report filed	(13.) \$	7727.95	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) +	7775.62	<u> </u>
(Line 5, Total Contributions & Other Receipts)	(15.) =	15503.57	_
<ul><li>15. SUBTOTAL Add Lines 13 and 14</li><li>16. Amount expended during reporting period</li></ul>	(16.)	15112.27	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	391.30	*

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	150428-0	

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROS

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt )
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/25/2008  Name: KURT ASBURY  Address: 2125 SIXTH ST	4500.00	7588.53
BAY CITY MI 48708  5. If over \$100.00 cumulative, please provide: Occupation PROSECUTOR Employer BAY COUNTY		
Business Address BAY CITY MI 48708  Type of Contribution:  Direct  Loan from a person  Fund Raiser  3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt  08/01/2008		
Name: IBEW LOCAL 692 Address:1300 W THOMAS	1000.00	1000.00
BAY CITY MI 48706  5. If over \$100.00 cumulative, please provide:  Occupation habor Wions Employer Local Trades		
Business 300 W. Thomas, Buy Uty, MI 48706  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		·
3. Contribution # 3 PAC Receipt? M YES 4. Date of Receipt 08/01/2008  Name: MRCC PAC  Address: 3800 WOODWARD  STE 1200  DETROIT MI 48201  5. If over \$100.00 cumulative, please provide:  Occupation LABOR UNION Employer PAR Commutate	450.00	450.00
Business Address 3800 Wodward, 5wte/200 Detroit, M/  Type of Contribution: Direct		
Name: KURT ASBURY	400.00  Food ext. Tommy vs	7988.53
BAY CITY MI 48708  5. If over \$100.00 cumulative, please provide:  Occupation PROSECUTOR Employer BAY COUNTY	Tommy VS)	,
Business 1230 WASHINGTON Address BAY CITY MI 48708.		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal	6350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
	Enter this total on line 3a of Summary Page	

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	150428-0	

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROS

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt )
3. Contribution # 5 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2008	25.00	05.00
Name: STEWART REID Address:2196 OLD HICKORY DR	25.00	25.00
BAY CITY MI 48706		
5. If over \$100.00 cumulative, please provide:	*	
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser  3. Contribution # 6 PAC Receipt? ☐ YES 4. Date of Receipt 08/05/2008		
	0.62	0.62
Name: JANET SANTOS Address:123 CENTER		
BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 7 PAC Receipt? ☐ YES 4. Date of Receipt 08/07/2008	400.00	
Name: NANCY MCDONOUGH Address:607 NURMI CT	100.00	100.00
BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 8 PAC Receipt? ☐ YES 4. Date of Receipt 08/07/2008	100.00	400.00
Name: DAVID SALOGAR Address:5108 OAKHURST	100.00	100.00
BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal	225.62	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
	Enter this total on line 3a of	
	Summary Page	

## ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	150428-0	
· · · · · · · · · · · · · · · · · · ·		

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROS

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 9 PAC Receipt?   YES 4. Date of Receipt 08/12/2008		
Name: MARK VAN BENSCHOTEN  Address:240 N LINWOOD BEACH  LINWOOD MI 48634  5. If over \$100.00 cumulative, please provide:	200.00	200.00
Occupation ATTORNEY Employer MARK VAN BENSCHOTEN		
Business 240 N LINWOOD BEACH Address LINWOOD MI 48634  Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 10 PAC Receipt? X YES 4. Date of Receipt 08/21/2008	1000.00	4000.00
Name: UAW MI V-PAC Address:8000 E JEFFERSON	1000.00	1000.00
DETROIT MI 48214  5. If over \$100.00 cumulative, please provide: Occupation halov which Employer which Workers  Business Address 80 00 F. Jefferson, Detroit, MI 48214		
Business Address 80 00 €. Jeffers m, Detroit, M   482   4  Type of Contribution:  Direct		

Page Subtotal

Grand Total of All Schedules 1A (Complete on last page of Schedule)

1200.00

7775.62

Enter this total on line 3a of Summary Page

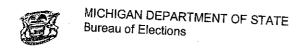
### **ITEMIZED EXPENDITURES**

1. Committee I.D. Number 150428-0

SCHEDULE 1B CANDIDATE COMMITTEE	2. Committee Name THE COMMITTEE TO UTOR	KEEP KUR	T ASBURY PROS
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: DORNBOS PRINTING	Purpose: PRINTING	07/23/2008	2593.88
Address: 1131 EAST GENESSE  SAGINAW MI 48607  Fund Raiser	Expenditure Code PA  Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure # 2  Name: WEYI TV 25  Address: 2225 W WILLARD  CLIO MI 48420  ☐ Fund Raiser	Purpose: ADVERTISING  Expenditure Code BA  Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2008	3800.00
Expenditure # 3  Name: DORNBOS PRINTING  Address: 1131 EAST GENESSE  SAGINAW MI 48607  Fund Raiser	Purpose: PRINTING  Expenditure Code PA  Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2008	1507.32
Expenditure # 4  Name: US POST OFFICE  Address: 123 WASHINGTON  BAY CITY MI 48708  Fund Raiser  Expenditure # 5	Purpose: POSTAGE  Expenditure Code MA  Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2008	1040.03
Name: .DORNBOS PRINTING  Address: 1131 EAST GENESSE  SAGINAW MI 48607  Fund Raiser	Purpose: PRINTING  Expenditure Code PA  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this	07/25/2008 page	1507.32 10448.55
	Grand Total of all Schedule (Complete on last page of Sche	s 1B dule)	

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES
Page 1 of 3 Authority granted under P.A. 388 of 1976

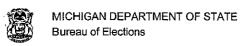


#### ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I.D. Number	150428-0
2. Committee Name	THE COMMITTEE TO KEEP KURT ASSURA

CANDIDATE COMMITTEE	2. Committee Name THE COMMITTEE	TO KEEP KII	DT AODUDY ==
3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose	you 5. Date	
Expenditure # 6	may assign an Expenditure Code)	o. Date	6. Amount
Name: DORNBOS PRINTING	Purpose: PRINTING	07/25/2008	218.3
Address: 1131 EAST GENESSE			
SAGINAW MI 48607	Expenditure Code PA		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	nt Is	
Expenditure # 7 Name: US POST OFFICE			 
492 MA OLUMOTA	Purpose: POSTAGE	07/25/2008	1087.56
Address: 123 WASHINGTON  BAY CITY  MI 48708	Expenditure Code MA		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure # 8.			
odd Eletti ot	Purpose: ADVERTISING	08/01/2008	1273.00
Address: 311 FIFTH ST  BAY CITY  MI 48708	Expenditure Code PA		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure # 9		<del> </del>	
Name: TOMMY V'S  Address: 312 E MIDLAND	Purpose: FOOD beverages / Tip	08/05/2008	400.00
BAY CITY MI 48706	Expenditure Code FE		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure # 10  Name: PRACTICAL POLITICAL CONSULTING  Address: P 0 BOX 6249	Purpose: MAILING LIST	08/10/2008	384.52
EASTY LANSING MI 48823	Expenditure Code <u>CN</u>		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this pa Grand Total of all Schedules (Complete on last page of Schedu	45	3363.44

Enter this total on line 8a of Summary Page



#### DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

1. Committee I.D. Number	<u>150428-0</u>	

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSEC-UTOR

This Schedule itemizes:						
a. 🛮 Debts and obligations owed <u>by or forgiven the committee</u> OR b. 🗎 Debts and obligations owed <u>to or forgiven by th</u> e committee.						
	ck either a or b. Use only for the p	urpose cnecked.)				
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation     (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9.Outstanding Balance at close of this period		
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	5. Indicate date debt was incurred     6. Indicate original amount			(Item 6 minus Item 8)		
guarantors, if any.	of debt					
Debt # 1 Corp? ☐ Yes Owed to or by:	4. Type: LOAN	\$	0.00	500.00		
KURT ASBURY	Code	<u> </u>				
2125 SIXTH ST	5. Date Debt Was Incurred: 09/12/2006	\$				
	6. Original Amount of Debt:	\$		☐ FORGIVEN		
BAY CITY MI 48708	\$500.00	\$				
If bank loan, name of endorser or guarantor:	•	,	mount Endorsed: \$	•		
in bank loan, name of chaolser of guaration.	1	^	Titouni Endoised. \$			
Debt # 2 Corp? ☐ Yes	4. Type: LOAN	<b>\$</b>	0.00	2000.00		
Owed to or by: KURT ASBURY	Code	<u> </u>				
2125 SIXTH ST	5. <u>Date Debt Was Incurred:</u> 09/26/2006	<u> </u>				
2120 01/11101	6. Original Amount of Debt:	\$		☐ FORGIVEN		
BAY CITY MI 48708	\$	<u> </u>				
	•	' A		•		
If bank loan, name of endorser or guarantor:	1	^	mount Endorsed: \$			
Debt #3 Corp? ☐ Yes	4. Type: LOAN	\$	0.00	4500.00		
Owed to or by: KURT ASBURY	Code	<u> </u>				
	5. Date Debt Was Incurred:	<u> </u>				
2125 SIXTH ST	07/25/2008 6. Original Amount of Debt:	\$		T FORON (TA)		
	\$ <u>4500.00</u>	\$		☐ FORGIVEN		
BAY CITY MI 48708	1		1	+		
If bank loan, name of endorser or guarantor:		Ai	mount Endorsed: \$	<del></del>		

Page Subtotal (Outstanding debt)

7000.00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed <u>by</u> or to the committee.)

7000.00

#### PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

to" of the Summary Page

Enter this total

line 12b "owed

on line 12a "owed by"" or

Page 1 of 1

Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e